

in my belief that the cleaner the soil we live on the longer are we likely to live on it.—I am, etc.,  
Dublin, May 29th.

CHARLES CAMERON, C.B.

#### PREScribing IN GENERAL PRACTICE.

SIR,—Being challenged to make good my assertion in your issue of May 20th, that the giving of prescriptions, as against dispensing, by medical practitioners, is applicable to practice among the poor, and even to contract practice, may I beg you to allow me space for the following explanation: I hold at present three contract appointments, namely, as district medical officer under the Poor Law, surgeon to Her Majesty's Post Office (local), and surgeon to an almshouse. I contract with one of the local chemists to provide all medicines required in connection with these offices for a fixed annual sum, which amounts approximately to one-third of the gross value of each of these appointments. Prescriptions given to contract patients bear a private mark for identification, and are directed to be taken to the particular chemist who makes them up free of charge to the patient and retains the prescriptions. There is no other consideration in the bargain, as, though this chemist obtains a share in my private prescribing, I make it a rule not to recommend any one chemist; but if asked, direct my patients to take their prescriptions to any respectable chemist with whom they have been accustomed to deal. I have every reason to believe that my contract works fairly for the chemist and myself, and that full justice is done to the patients. I hardly suppose this principle could be applied to club practice at 4s. a head per annum, because in my opinion this rate does not afford a living wage for the club surgeon, and certainly does not allow two margins of profit. I have found the contract rate allowed by Her Majesty's Post Office, namely, 8s. per head per annum, fairly remunerative, though not excessively so. Be it remembered that Post Office servants are specially selected adults in the working years of life, and do not include old people, married women, or children. Out of this 8s. I can afford to allow 3s. for the druggist, and we are both satisfied. I would suggest this rate as a reasonable basis for contract work, the average annual sickness of Post Office employees being something like nine days for men, and thirteen for women. As to private practice among the poor, I know that some are reluctant at first to pay twice over, to the chemist as well as the physician, but a little experience teaches them that this plan is in the long run as cheap as, or cheaper than, paying the medical practitioner for every bottle of medicine. Take the very common case of the anæmic girl—what she requires is carefully-considered advice as to diet, exercise, and general hygiene, for which the physician may charge any fee fairly proportionate to the patient's means from half a crown upwards, *plus* an appropriate prescription which the dispensing chemist can afford to make up for a fair profit on the price of the drugs, at perhaps eightpence or ninepence a bottle. She may be taking medicine for two months, and yet only require to consult her medical adviser three or four times in the course of her treatment. This is a typical instance, and entails many advantages: it is cheaper for the patient than if she had to pay her medical attendant for every bottle of medicine; it saves the time of the physician, and is more consistent with his dignity; having no interest in the sale of drugs he can insist on the medicine being taken for as long a time as the patient requires it, and loses nothing by stopping it when it has done its work; his advice as to hygiene is more likely to be heedfully regarded than when it merely serves as the conversational wrapper to a bottle of physic; lastly, the prescription becomes the patient's property, and can be used again on her own initiative in case of a relapse.

If prescribing by physicians became general, chemists could afford to lower their charges for dispensing, and indeed would be forced to do so by the stress of competition to such a price as would leave them a decent profit on the ingredients of prescriptions. In a small town it is possible to have an understanding with the chemists that a certain private mark shall indicate that the patient presenting the prescription is genuinely poor, and may fairly be charged at something less than the usual rate. The enterprise of the drug trade has made the general public so knowing in the art of self-prescrib-

ing that it seems likely that we shall ere long be reduced perforce to our legitimate function as physicians, that of advice.—I am, etc.,  
Stamford, May 24th.

REGINALD FARRAR, M.D. Oxon.

SIR,—I read with much pleasure Dr. Farrar's letter upon counter prescribing in the BRITISH MEDICAL JOURNAL of May 13th, and the answers to the same in the JOURNAL of May 20th. I heartily agree with every word Dr. Farrar writes upon the subject. Dispensing and attending midwifery cases were always my horror, the latter so much so, that after I had been in practice for four years I gave up obstetric work *in toto*. I only supplied my poorer patients with medicine—they always sent for it; and the richer ones if they liked could have their medicines made up by my dispenser, providing they sent for them too. I avoided dispensing as much as I could. The last ten years of professional life (I have been out of harness now for over six years) I only wrote my prescription, and I may add I had no chemist to whom I sent my patients; they were quite free to go where they liked. I took every opportunity of impressing upon my patients that doctors should have no interest whatever in supplying medicines (in my younger days I never charged for drugs, though, as stated above, in some cases I supplied them); I said the doctor is an orderer of drugs, the chemist is a mixer-up of the same. I have been asked to have clubs, but used to tell the good stewards who offered me the surgeons'hip of the same that I was much too poor a man to accept their terms, and some I astonished by saying, If you will get a chemist to fix up your medicines alone for the price you offer me for drugs and attendance, I will attend the club for nothing for a year. Now, in country villages, if the doctor did no dispensing, a chemist must set up in the village too, and if our pharmaceutical friends could only agree on a minimum charge for the very poor the thing could be arranged to the benefit of the chemist and the doctor at the same time. Take the following as a type of ordinary prescription: *R* Liq. ammon. acet.  $\mathfrak{z}\mathfrak{j}$ , tinct. scillæ,  $\mathfrak{z}\mathfrak{ss}$ ., tinct. belladon. mix, glyc. pur.  $\mathfrak{z}\mathfrak{ij}$ , aq. chloroformi  $\mathfrak{z}\mathfrak{ij}$ , aq. ad.  $\mathfrak{z}\mathfrak{vj}$ . *M*. fiat mistura. Take one-sixth part every four hours. The ingredients here cost only a penny, and then let a charge of a penny be made on bottle (when found by chemist) one has a good profit.

What has kept the medical man at the bottom of the social tree up to the present? Our alliance with drugs. So long as practitioners supply medicines the public will, as far as the majority is concerned, credit us with commercial and not professional status. Like "G. P." and Dr. Nutting, I shall be glad to hear what Dr. Farrar may have further to say on the subject.—I am, etc.,

Portland Place, W., May 21st.

HENRY W. WILLIAMS, M.D.

#### SYPHILITIC DISEASES; THEIR PREVENTION, STUDY, AND TREATMENT.

SIR,—If Mr. Lane will read my letter of May 6th more carefully, he will see that he is in the illogical position of having denied the truth of a statement that was never made. My words were, "Patients prefer to go to general hospitals or to skin hospitals, where they are treated as ordinary hospital patients and not as criminals and outcasts." It is a pity Mr. Lane thinks it necessary to take up the cudgels in defence of the London Lock Hospital, because it might appear to an outside observer that the shoe pinched somewhere. It was far from my intention to cast any imputation against the staff of the London or any other Lock hospital. My contention is that there is a tendency of the authorities of English Lock hospitals to regard the patients as beings apart from ordinary hospital patients, and not entitled to the same consideration. This state of things results in the almost entire neglect of the study of venereal and syphilitic diseases in this country. On the Continent and in America these diseases are recognised and studied in the same way as other diseases, and are not covered with the hypocritical cloak of British pruricity.—I am, etc.,

Finsbury Square, May 23rd.

C. F. MARSHALL, F.R.C.S.

SIR,—Mr. Lowndes's letter of April 10th, and your article on April 22nd, raised the hope that an abler pen than mine would continue this most important discussion. I think that all